

Brown & Watson Inc,
DBA Butler Sand Company and Howard Sand Company, an equal opportunity employer

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

Date: _____ **Social Security #** _____ **Phone#** _____

Name: _____ **Are You 18 Years Or Older?** **Yes** _____ **No** _____
(Last) (First) (Middle)

Current address: _____
(Street, City, State, Zip Code)

Permanent Address: _____
(Street, City, State, Zip Code)

Are You Prevented From Lawfully Becoming Employed In This Country Because Of Visa Or Immigration Status? **Yes** _____ **No** _____

Date Of Birth: _____ **Marital Status:** **M** _____ **S** _____ **Number of Dependents:** _____

Valid Driver's License? **Y** _____ **N** _____ **License Number:** _____

US Military Service ? **Y** _____ **N** _____ **Branch & Rank** _____ **Are You Currently Serving?** **Yes** _____ **No** _____

EMPLOYMENT DESIRED:

Position _____ **Date You Can Start** _____ **Salary Desired** _____
Are You Presently Employed? **Yes** _____ **No** _____ **May We Contact Your Employer?** **Yes** _____ **No** _____

Who Referred You To Us? _____

EDUCATION:

	Name and Location of School	Years Attended	Did You Graduate?
High School			
College			
Trade, Business or Correspondence School			

SKILLS:

Heavy Equipment: _____

Maintenance (Explain): _____

Computer: _____

Other Skills (Carpentry, Plumbing, Electrical, etc.): _____

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PREVIOUS EMPLOYMENT:

LIST BELOW YOUR LAST THREE EMPLOYERS, BEGINNING WITH THE MOST RECENT

Month / Year From -- To	Name and Address of Employer	Salary	Position Held	Reason For Leaving

Which of these jobs did you like best? _____

What did you like most about it? _____

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REFERENCES:

LIST THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR

Name	Address	Business	Years Acquainted

MEDICAL:

Have you ever filed a Workmans Compensation Claim? Yes No If Yes, When: _____

Nature of Accident: _____

Explain or describe any medications being taken or any medical conditions and physical limitations that we need to know about before Hiring. If no response, we assume that there are none.

**In Case of
Emergency Notify:**

(name)

(Address)

(phone)

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PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE :

I hereby consent to submit to urinalysis and/or other tests, as shall be determined necessary by Brown & Watson Inc, in the selection process of applicants for employment, for the purpose of determining the drug content thereof. I understand that it is the current use of illegal drugs that would prohibit me from being employed at this company.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release statement is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Printed Name: Signature: Date: _____

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STATEMENT:

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than the president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Date: Signature: _____